ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(101)
County Cambridge WITH	IIN CORPORATE LIMITS QL Registration Dist. No. //6
Village or City Dorelletter	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME alley Kay ala	If U. S. Veteran, specify WAR
(a) Residence: No. 1 Williams	St., / Ward.
(Usual place W abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIEDA WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male White Married the (vord)	(Month) (Day) (Yeer)
5a. If married, widowed of divorced HUSBAND of (or) WIFE of July Reference address.	22. HEREBY CERTIFY, That i ettended daceased from
5. DATE OF BIRTH (month, day, and year) Oct 14 - 1885	1 for saw harmalive on 9 5 , 1957; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date saled above, at m.
5/ 2 2/ lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Beyer for SAWYER, BDDKKEEPER, etc.	Lobar meening 1.3-3
kind of work done, as SPINNER, Deeyer For SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as 81t. It MILL, Parkery Co.	
O 1D. Date deceased last worked at the last time (years) this occupetion (month and	
baralia Jone	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME alonza Adams	
13. NAME WONZA GLARIUS 14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Augelind Garon	23. If death was due to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT MVB. alle Radame	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrest) 18. BURIAL, OREMATTON, OR REMOVAL)	
Place Car (lew Marky sto Han 7 Elso 37	Manner of injury
19. UNDERTAKER Kenneth R. Hurnar	24. Was disease or injury in any way ralated to occupation of deceased?
(Addrass) Cambridge, Ma	(Signed) G. H. Karreer M.
20. FILED 190 P. Color Mace 1/2. Registrar.	(Address) Cambrelge Lee
	2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 5 1937				
Other contributory causes of importance!		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 m of OCCUPA.

1. PLACE OF DEATH	1070	
County COMPONATE LINE	Registration Dist. No. / L	٥
Village or City Canada me	No. St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in city or town where death occurred		sds.
2. FULL NAME MMan famos Cin	Musch U. S. Veteran, specify WAR	
(a) Residence: No. 40 5 (Usualplace of abode)	St., Ward. If nonresident give city or town and it	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (wife the word)	21. DATE OF DEATH	1-7
hate White hime	(Month) (Oay)	193(Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY, The I attended of	eceased from
1 - 2 1021		: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at	, death is said
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
O Tada and a language of the control	were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Mr. Mill Males	1017
9. Industry or business in which	- ff JRADULARISMAN & STANSON SON SIL	1-0-2
work was dona, es SILK MILL, SAW MILL, BANK, etc.		
10. Date decaased last worked at this occupation (month end spent in this		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Cambridge	Odder Controller Conserved of Importance.	
(Stata or country)	6 Calmar	mov. 19
13. NAME hadford andusm		
14. BIRTHPLACE (city or town) Carry Landy	Name of operation Thousand Date of	
(State of country)	What test confirmed diagnosis? Linical Was there an a	utopsy?
15. MAIOEN NAME And Dodann 16. BIRTHPLACE (city or town) Caranthelian (State or country)	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following:	
5 16. BIRTHPLACE (city or town) Canalada	Accident, suicide, or homicide? Dete of injury	, 19
∑ (State or country)	Where did injury occur?	
17. INFORMANT Mrs Hearl Drochus	(Specify city or town, county and State Specify whather injury occurred In INDUSTRY, In HDME, or In PUBLIC PLA	CE.
(Address) Cambala Mel		~~~~~
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Plece Contyage mel Oate Jan 12, 193/	Nature of injury	
19. UNOERTAKER Trunk S. Whangh	24. Was disease or injury in any way related to occupation of deceased?	ho.
(Addrass)	If so, specify	
1-121 326 1 2 0	(Signed) It truderich Leinen	M. O

Registyle

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
TER 5				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1.4	

for authoris ation	L SPACE FOR FURTHER STATEMENTS BY PHYSIC	CIAN - 1. Cont. 2/17/3/
Y	No de la companya de	mue cu / 1/ 2/ 6

See instructions on back of certificate.

TION is very important.

-WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	
County Daniel	Registration Dist. No. 115
Village or City (II Langth of residanca in city or town where leath occurred yrs mos	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME of appleant	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months J tess than 1 dey,hrs. ormin.	22. HEREBY CERTIFY, That I attanded dacaesed from 1937, to 1937,
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data dacaasad last workad at this occupation (month and yaars) occupation (coupation)	Date of onset 1933
12. BIRTHPLACE (city or town) Jelle Heel (Stata or country)	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. City or town) (Stata or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Connette Reene 16. BIRTHPLACE (city or town) (Stata or country) M. O. The Content of the Conte	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) Beltacen me	Specify whether Injury occurred In INDUSTRY, In HOME or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lease Level Mode 1/4 , 19 37	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Jan. 4, 1937 James J. head	(Signed) ans with all M. D. (Addres) Kaling Ceels bal

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
English and provided in the constraint of the co				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY,

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item of infor-

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		<u>93-c</u>	1 1111
County Warche	sier	Registration Dist. No. 11	6/17
Village or City Jinas	Road	No	Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and i	
Cal.	() ()		V5u\$.
2. FULL NAME WORKS	uy R. Bouk	If U. S. Veteran, specify WAR.	
(a) Residence: No. Juna	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	State
3. SEX A. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 Z
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	A. Banks	22. I HEREBY CERTIFY, That I attended	deceased from
	. () &	0	: death is said
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et . 1:30 A.m.	., ueaul 15 52ft
ab. 57 ?	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trade, profession or particular	ormin.	were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Je	1700
9. Industry or business in which work was done, as SILK MILL,	Leu labor		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month end year)	11. Total time (yeers) spent in this occupation		-
12. BIRTHPLACE (city or town) Birc (State or country)	h Waru	Other Contributory Causes of importance:	1985
13. NAME Cuthony 19	Lauks		-
13. NAME Clubkony 9 14. BIRTHPLACE (city or town) (State or country)	2. Co, md.	Name of operetion Dete of Whet test confirmed diegnosis? Was there en a	
15. MAIDEN NAME Hester	Bowley	23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town)	2 2	Accident, suicide, or homleide? Date of injury	, 19
(State or country)	2 to Ma	Where did injury occur?	
17. INFORMANT Clarence (Address) Luces (rooers oad	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Scient Rosel	Date Jan 17, 1937	Manner of injury	
19. UNDERTAKER A. M. C.C. (Address) 308 Min At	air Combredge ned	24. Was disease or injury in any wey releted to occupation of deceased?	48
20. FILED ///6/ , 3)	My Registr	(Signed) Pr. V. Clasock	M. D

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Chronic interstitial nephritis 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RIPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Name of the state	

BINDING

RESERVED

RGIN

V. S. No. 1

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Cerebral hemorrhage BUREALI V G	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEA	rches	r WITHIN	CORPORATE L	IMITS OF SEC	Registration Dist. No.	116
Village or City	^v ambri	.uge	(II	No. death occurred in a hospital or instituti		
Length of residance in o			17yrsmos	ds. How long in U.S. if of	foraign birth?yrs	ds.
2. FULL NAME	Ann		uchanan	If U. S. Veteran, s	pecify WAR	
(a) Residence: No.	445	Willig	Street	St., Ward.		
		(Usual place			If nonresident give city or t	
PERSONAL AN					RTIFICATE OF DE	ATH
Female w	or or race		RIED, WIDOWED, D (write the word) 100	21. DATE OF DEATH	(Month) (Day)	, 193 7 (Year)
ia. If married, widowed, or div HUSBAND of (or) WIFE of		Buchanar	1.	22. I HEREBY	CERTIFY, That I	attended deceased from
5. DATE OF BIRTH (month, da	v. and vaar)	10/91/10	ηΩ	Clast saw har alive on		
. AGE Years	Months	Days	If LESS than	to have occurred on the deta stated	above, at 95. m.	
59	2	1.9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of Importa	1
8. Trade, profession, or p kind of work done SAWYER, BOOKKE	erticular , as SPINNER, EPER, etc	Housewi	fe	Apople	y	Date of enset
kind of work done SAWYER, BOOKKE 9. Industry or business I work wes done, as SAW MILL, BANK, 10. Date deceased last wo		Home			<u> </u>	
10. Date deceased last we this occupation (moyear)	onth and	sper	ma (yaars) 36 Ipation			••••••
2. BIRTHPLACE (city or town (Stete or country)	,	lors Is	land	Other Contributory Causes of impor		
13. NAME 14. BIRTHPLACE (city or t	Jno. V	/. Ruark				
14. BIRTHPLACE (city or t	own)			Name of operation		
(State or country)	Mar	vland.		What tast confirmed diegnosis?		
15. MAIDEN NAME	Janey	Adams		23. If death was due to external caus	es (VIOLENCE) fill in also the	following:
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	own)	yland.		Accident, suicide, or homicide? Where did Injury occur?		
7. INFORMANT Han	rry L. I	dichanan Harvla	nd.	Where did Injury occur? Specify whether injury occurred in	(Specify city or town, county INDUSTRY, in HOME, or In PU	and State) BLIC PLACE.
8. BURIAL, CREMATION, OR Place Place	REMOVAL		101	Manner of injury		
	F. S. Le	Compte	lend	24. Was disease or injury In any wa		
	1937 0	lew m	Registrar.	(Signed) (Addrass)	Tacoex	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis 5 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(52)
County Wortherland	Registration Dist. No. //D
Village or City Hurbech	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1 110	death occurred the hospitator institution, give its IVALVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gorges Charles	If U. S. Veteran, specify WAR
3	St Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED Generate the word Watte	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Clark	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) 2001 24 1845	I last saw h ralive on Ocar Vo 1937; death is said
6. DATE OF BIRTH (month, day, and year) 200 24 8 9 7 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & m. ,
91 4 1 day,hrs.	The PRHICIPAL CAUSE OF DEATH end related causes of importance were at follows:
19 Trade profession or particular	accomed at Date of onset
kind of work done, as SPINNER, lewed fraturer	Less head,
9. industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER. Reward Fatures SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end	
O this occupation (month end spent in this occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	General debeth
13. NAME Williams Charles	ar recommendation of
E	Name of operation Dete of Dete of
[14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MARY & Sug o	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary & Succession 15. MA	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Ella Charles (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fullach Date Feet 1937	Nature of injury
19. UNDERTAKER Vf B. Wifbugtely	24. Was disease or injury In any way related to occupation of deceesed?
(Address) Aurlog	If so, specify
1/21	(Signed) (Signed) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Tres

Registrar.

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I W S				
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should County / Registration Dist. No. Village or City_. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?__ PHYSICIANS Length of residence in city or town where deeth If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. 3EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the w (Mon BINDING 5a. If married, widowed, or divorced HUSBAND of RTLFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated ebove 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. were as follows: Dats of onsst 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER. RESERVED SAWYER, BDDKKEEPER, etc ... may back 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Totel time (years) this occupation (month and spent in this that occupetion. Other Contributory Causes of importence: 12. BIRTHPLACE (city or town) RGIN (State or country) supplied terms, 13. NAME FATH 14. BIRTHPLACE (city or town) in plain (State or country) efully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If deeth wes due to external ceuses Accident, suicide, or homicide; OF DEATH 16. BIRTHPLACE (city or town). (Stete or country) Where did Injury occur?. pe (Specify city or town, county and State) egify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC BLACE plnoy 17. INFORMAN Very (Address) 18. BURIAL, CREMADION, OR REMOVA CAUSE mation Nature of Injury 1. LION 24. Wes disease or Injury In any wey releted to occupation of deceesed 19. UNDERTAKER (Address) If so, specify (Signed) Registy If rore blanks are needed, address State Registrar, 2411 N. Charles Syeet, Baltimore, Requesting U. S. No. 1.

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THE STREET V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MA	RYI AND-C	FRTIFICAT	F OF DEATH

406

1. PLACE OF DEATH	82-20
County Parchista WITHIN CORPO	Registration Dist. No. // 6
Village or City Cambula me	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
11 11 6	
2. FULL NAME / Thong /t. Worning	If U. S. Veleran, specify WAR
(a) Residence: No. S (Vauel place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Dey) (Year)
5a. If merried, widowad, or divorced	
HUSBAND of for Harah It. William	22. I HEREBY CERTIFY. Thet I attanded deceased from
X 11 12101-	1/2/9/34
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7 / 1 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trada, profassion, or particular	were as follows: Data of onset I my "b"
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	leanal humbage
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (might) and spent in this Samuel in this country in the second in this country in the second in this second in the second in this second in this second in this second in this s	
SAW MILL, BANK, etc 11. Totel tima (years) 11. Totel tima (years)	
this occupation (month and year) spent in this formula year)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	The turn is ally earl.
1	
I I	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	Whet test confirmed diagnosis? Wes there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:
E CA -	Accident, suicide, or homicida?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Dus Land Commer.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cambala a	· · · · · · · · · · · · · · · · · · ·
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Landy de Mod Date Jun 0 ,193/	Neture of Injury
19. UNDERTAKER Stanh E. altemph	24. Was disease or injury in any way related to occupation of deceased? 24
(Addrass) Cambala, mil	If so, spacify
20. FILED 1-30 ,1937 pokey mace Jr.	(Signed) Luy Stute M. D.
Registraf	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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FEB 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	RIT
-	A
No.	B.
V. S.	ż

1	PLACE OF					(23)
	County	darch	ester			Registration Dist. No.
	Village or Ci	ty Ne	ar Hur	lock		No. St., W f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of resid	lence in city	or town where	death occurred_12	2yrsmos	s. How long in U.S. if of foreign birth?yrsmos
2	FULL NAM	ME Sy	lva Lo	ttie Co	rnich	If U. S. Veteran, specify WAR
	(a) Resident					St., Ward.
-	PERSON	AL AND		(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. S		4. COLOR		5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH January 28 , 1937 (Month) (Day) (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or divorce	ed			22. I HEREBY CERTIFY. Thet i attended deceased in the state of the sta
6 D	ATE OF BIRTH	month day a	nd year)	Sept. 21	. 1921	1 last sew h == alive on 1/573 7 19 death is
7. A		's	Months 4	Days 7	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at . 5 : 15 . nd . m . The PRINCIPAL CAUSE OF DEATH and related causes of importance
OCCUPATION	9. Industry or to work was SAW MILI	done, es SIL L, BANK, etc	hich K MILL,	1	School	Duku culoma Pulmonale
	this occupyear)		Ва	36 spen occu ltimore ryland	me (years) It in this pation8	Other Centributery Causes of Importance:
E	13. NAME		Frank	Cornish	1	
FATH	14. BIRTHPLACE (State or		Mar	timore yland		Neme of operation Dete of Was there an autopsy?
HER	15. MAIDEN NAM	ME		e Murray		23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTH	16. BIRTHPLACE (State or			oline Co yland	ounty	Accident, sulcide, or homicide?
	(Address)	Hur]	lock,	rnish Maryland		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place U.T.			Date Jan.	3119.37	Menner of Injury
27	UNDERTAKER (Address)	J. J. Feder	ralsbu	ptom & S	on land	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

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STUTAL V. S.				
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH pluods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of sweet and number) How long in U.S. if of foreign birth?__ Length of rasidance in city or town where death occurred If U. S. Veteran, specify WAR, (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (brite the word) 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 dayhrs The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance or min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc..... Jo may back 9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc...... should ID. Date deceased last worked a this operation month an year II. Total tima (yaars) occupation _. 12. BIRTHPLACE (city or town) (State or country) supplied I3. NAME FATH See Nama of operation..... plain 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?. HER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: DEATH 16. BIRTHPLACE (city or town (State or cou Where did injury occur?___. pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT should OF OR REMOVAL 18. BURIAL, CREMATION CAUSE Nature of Injury. (Address) If so, specif (Signad) 2D. FILED ... Regisfar. Addrass) If more blanks are needed, address State Registrar, 2411 N. Chuffes Street, Baltimore, Requesting U. S. No.

BINDING

RESERVED

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FFB 5 1037			
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D. Every item of infor-NFADING INK-THIS IS A PERMANENT REC properly classified. AGE should be

FOR BINDING

RGIN RESERVED

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PL/	ACE OF DEATH			(3)			
- Coi	unty Dorchest	er	FITHIN CORPORAT	E LIMITS OF	Registratio	n Dist. No.	.16
Vill	lage or City Cambridge	9		No.		42	Ward
len	igth of residenca in city or town whera	dooth consumed	(1)	death occurred in a hospital or in	stitution, give its NA!	ME instead of street and	number)
			Dayton				
2. FUI	LL NAME	Combri	lge, Maryl	If U. S. Vetera	an, specify WAR		
(a)	Residence: No.	Ukuslali	ace of abode)	St, Ward.	H nonocido	nt give city or town an	1 6
PE	ERSONAL AND STATIST	748 de se		MEDICAL		E OF DEATH	u State
3. SEX	4. COLOR OR RACE		ARRIED, WIDOWED.	21. DATE OF DEAT			
Fema	ale white		CED (write the word)		Jan. 18 (Month)	th.	., 193. 7
	ied, widowed, or divorced	,	O LILLY LE		(Month)	'(Day)	(Yeer)
(or) V	AND of Sin	gle		22. I HEREI	BY CERTII	FY. That I attended	daceesed from
	F BIRTH (month, dey, and year)		9th 1937	I last saw h alive on.		_	; death is said
7. AGE	Years Months	Deys	If LESS then I day,hrs.	to have occurred on the date s			
	Stillborn		ormin.	The PRINCIPAL CAUSE OF D were es follows:	EATH and reletad ce	uses of Importance	Date of onset
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc					10121210011111777	;	
				Premature	pirth (U	ause	
9. Inc	dustry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	X				unknown)	
U 10. Da	te deceesed lest worked at	11. Tota	al time (years)				-
0	this occupation (month and year)	X s	pentin this X				
DIDTIII	Cam	bridge,		Other Cantributary Causes of I	mportance:		
	PLACE (city or town)	yland.	7				
≥ 13. NA	D.	ymond l	Dayton				
13. NA 14. BIF	THOI ACE (situ or town)			Neme of operation	None	Data -4	
¥ 14. BIF	RTHPLACE (city or town) (State or country)	ryland		What test confirmed diagnosis	Clinica	Dete of	TIO
15. MA	NIDEN NAME RU	by war:	field	23. If death was due to external			
15. MA 16. BIF	RTHPLACE (city or town)			Accident, suicida, or homicida			
¥ 10. BII	(Stete or country)	ryland	•	Where did Injury occur?		a boto of injury access.	, 17
	AANT Raymond	Dozetow		Specify whether Injury occurre	(Specify city	or town, county and Sta	ite)
	Idress) Comprid		ar:lend	- Opening motified injury coccurre	0 III 111000 TK1, III 1	iome, or in robert re	.nul.
18. BURIAL	, CREMATION, OR REMOVAL	7		Manner of Injury			
Pla	ce Cambridge, L	L. Date	122/3719	Nature of Injury			
10 HNDED	Raymond	Devtor	1	24. Wes diseese or Injury In an			
	TAKER Cambrid	V		If so, specify	2 50	CO	Tio
00 5:1-5	1/22/37,19	6,12	Yan. A	1 1	00 20	Del	M. D.
20. FILED.	, 19		Register.	(Address)	Cembrid	ce Meryl	and.
-	I) more	blanks are neede	d, address State Resistrar,	2411 N. Charles Street, Baltimore,			

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CTATE	OF	MADVI	ANID	CEDTIE	CATE	OF	DEATH
SIAIL	UF	MARYL	ANU-	CERTIFIC	CAIL	UL	DEAID

4	4	8	à
6	т	- 1	7
T	V.	1	1

1. PLACE OF DEATH County Cochestes Village or City Coches Length of residence in city or town where death occurred yrs, mos.				Registration Dist. No.	114
				NoS death occurred in a hospital or institution, give its NAME instead of stree death occurred in a hospital or institution, give its NAME instead of stree street in the street	
2. FULL NAI	ME July	i Enne	els		
(a) Residen	ce: ND.			St., Ward.	
		(Usuai piace		If nonresident give city or tov MEDICAL CERTIFICATE OF DEA	
	AL AND STATIST			21. DATE OF DEATH	10
Jemale	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	(Month) (Day)	1937 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That i att	
A DATE OF BIRTH	month, day, and year)	an. 25.1	937	i iast saw haliva on1	
7. AGE Yea		Days 3	If LESS than I day,hrs.	to have occurred on tha data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	e Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country)				Do Do Clar in allender Primary anse: Probably premater loroth is a few weeks too a Chur Dther Contributory Causes of Importanca:	
13. NAME (grans co	mary		Nama of operation Da	
14. BIRTHPLACE		ajas		What test confirmed diagnosis? Was the	
15. MAIDEN NAME Emma Chuta Johnson 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMAIDN, OR REMOVAL Place Date Jan. 25., 19.37				23. If death was due to external causes (VIOLENCE) fill in also the for Accident, suicide, or homloide? Date of injury. Where did injury occur?(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	ollowing: , 19
				Manner of Injury	
19. UNDERFANCE Perry Johnson (Address)			n lui-t	24. Was disease or injury in any way related to occupation of decease if so, specify (Signed) The Lease	ed?
20. FILED	28, 19 37 X	ars Ity	Cool Registrar.	(Address) Calcuit	che ma

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

Exact statement of OCCUPA.

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

ID. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ,	(2872)
County Deschister	Registration Dist. No. // 6
Village or City Cambridge Poute 1	NoSt Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town whara death occurred 17 yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Storge Survell Enne	llo If U. S. Veteran, specify WAR
(a) Residence: No. Chust Ook (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) 5. If marriad, widowad, or divorced	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBANO of Cor) WIFE of Princip Ennello	1 HEREBY CERTIEY, That I ettended daceased from
6. DATE OF BIRTH (month, day, and year) Quy 22 /883	I last saw h in aliva on 25, 1937; death is seid
7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at
5/ 5 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	Cente Priocarditis 0 ate of onest 6 Pulmonary Edema 1-15-37
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased first worked at this occupand the model of the company of	
10. Date dacaased first worked at this occupation month end 12 3 4 11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) diners Poul (State or country)	Other Contributory Causes of importance:
13. NAME Hope Ennells 14. BIRTHPLACE (city or town) Line's Road (State or country)	
(State of country)	Name of operation
15. MAIDEN NAME Deenna (P)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sienna (P) 16. BIRTHPLACE (city or town) Sincipal Rolling (State or country) Sincipal Rolling	Accidant, sulcide, or homicide? Oata of injury, 19
17. INFORMANT Sylia Whiten for (Address) Combridge &	(Specify city or town, county and State) Specify whethar Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Line's Road Oete Gan 29, 1937	Menner of Injury
19. UNOERTAKER Lawie H. Bayanan (Addrass) Cambridge, Fred	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED 1 - 2 9 1957 mare Nr.	(Signed) Cyrull M St Clair M. O.

If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial hephritis	1913	Run over by street car	1 week ago
Cerebral hemorrhage FEB 3 193	July 5, 1927	Peritonitis	1 week ago 3 days ago
TO BEAUTY &			o days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Signad)

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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	-CERTIFICATE OF DEATH . 413
1. PLACE OF DEATH	(213-d)
County Darsherter	Registration Dist. No. // &
Village or City Canada Market	e No. Chaptank Liver St. Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where daeth occurradmc	osds. How long in U.S. if of foraign birth?yrsmos
2. FULL NAME Treston B tiel	If U. S. Veteran, specify WAR
(a) Residence: No. 212 71. Earl and	- St. / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If merried, widowad, or divorced HUSBAND of (or) WIFE of	22. GYHEREBY CERTIFY. That I ettended deceased for
DATE OF BIRTH (month, day, end year)	19 19 19 19 19 19 19 19 19 19 19 19 19 1
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
60 1. 16 1 day,hrs	The state of the s
8. Trade, profession, or particular	Date of or
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc	(Cetental
9. Industry or business in which	Granne
kind of work done, es SPINNER, SAWYER, BOOKKEPER, atc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc 10. Date decaased last workad at this occuration (month and	a boat was involved Cever.
	accidental drossoning, from a boat.
yaar) occupation	Othar Contributory Capacy Of Importance.
2. BIRTHPLACE (city or town)	1/200
(State or country)	
14. BIRTHPLACE (city or town)	n
14. BIRTHPLACE (city or town)	Neme of operation.
(Stata or country)	Whet tast confirmed diegnosis?
15. MAIDEN NAME Clharle Smell	23. If deeth was due to external causes (VIO) ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homeid College Date of Injury, 19
(State or country)	Where did injury occur?
INFORMANT MAD Thele Tono	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)	Chopting re
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury CA Alone
Place Date 19	Nature of injury // Para O
O. UNDERTAKER (Address)	24. Was disaasa or injury In and Way ralated to occupation of deceased?
(Audiess)	If so, spacify
0. FILED 1-9, 193/ When Shace of Registrary	(Address) Carry 190 (Address)
If more blanks are needed, address State Registra	r, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	-			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-

V. S. No. 1

1. PLACE OF DEATH	
County Deschertes	WITHIN CORPORATE LIMITS 07 Registration Dist. No. 116
Village or City	m (0 1 . m. 74-17
Village or City	No. St., Wo. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurre	
2. FULL NAME	Jeee If U. S. Veteran, specify WAR
(8+	
(a) Residence: No.	St., Ward. I place of abode) If nonresident give city or town and State
PERSONAL AND STATISTICAL PA	
3. SEX 4. COLOR OR RACE 5. SINGLE,	, MARRIED, WIDOWED, 21. DATE OF DEATH
me o me o or DIV	ORCED (write the word)
	(Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased f
(or) WIFE of Many 6.	July 16 - 1937, to July 21 193
S DATE OF BIRTH (month day and war) 4/25	1867 I last saw h w alive on Juny 77 , 1937; death is
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day	
69 8 23	I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	ormin. were as follows: Date of o
8. Trade, profession, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ca cinema of Sigmond, miss
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	I signaid mile inentim r
TO. Date deceased last worked at	ling, Royantin of symind
this occupation (month and //e/a)	Total time (years) spent In this 3
(7)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	Lale_
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis? Guluffry Wes there an autopsy?
15. MAIDEN NAME Josephene	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury
(State or country)	
mom. El	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	1 me
18. BURIAL, CREMATION, OF REMOVAL	1/24 37 Manner of injury
Piece	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased? Wo
(Address)	If so, specify
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example . I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No. 1	N. BWRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
S. No	B.		1	-
V	ż		1	1

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		4			No			
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Langth of residence in city or town where death occurred yrs. 9 mos	osds.							
	2. FULL NAME			ki	lf U. S. Veteran,	specify WAR		
	(a) Residence: No	Secre			St.,Ward.	If nonresident	give city at tawn and	State
gardina	PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
-			OR DIVORCE	(write the word)	21. DATE OF DEATH	Jan,	29 th	, 193
5a	. If married, widowed, or divo HUSBAND of (or) WIFE of	Singl	Le			CERTIF	Y. That I ettended	(1911)
6.	DATE OF BIRTH (month, de	y, and year)	April. 8	9th, 193	6 I lest saw hIM alive on	Jan 33	1th ,19.37	; death Is said
7.	AGE Years	Months	Oeys		Contract to the second			
	x	9	X			TH and related caus	es of Importence	Date of onset
N	kind of work done,	es SPINNER,	Hone		nonnon 70 = 17	one on the		7700
T	SAWYER, BOOKKEE	PER, etc						
UP	Work was done, as SAW MILL, BANK,	SILK MILL,	X.				as pris	
000	10. Dete deceased last wo this occupetion (mo	rked at	11. Total t	ntin this	Į			
12				4	Other Contributory Causes of Imp	ortence:		-
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ER	15. MAIDEN NAME							
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17	, INFORMANT	Teleswo	od Gors	ki	Specify whether injury occurred	(Specify city nr in INOUSTRY, in HC	town, county and Stat OME, or in PUBLIC PL	ACE,
18	B. BURIAL, CREMATION, OR	REMOVAL			Manner of injury			
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20			4.E. Par	Registrar.	(Signed) Gold	mbridge	, Marykan	M. 0

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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TION is very important. See instructions on back of certificate.

County, Activity WITHIN CORPORATE LIMITS 97 Registration Dist. No. 1.16 No. No. 1.16 No. S.L. Ward Langth of residence in city or town where death occurred. yrs. most. ds. 18 U. S. Veleran, specify WAR (a) Residence: No. 1	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City. (if desh occurred in a hospital or institution, give its NAME intend of treet and number) Length of realdance in city or town where death occurred. (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residence: No.	1. PLACE OF DEATH	(B)
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Langth of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No	Village or City Combule	NoSt,Ward
2. FULL NAME (a) Residence: No. 1 Manual Content of the World St. Ward. (b) Residence: No. 1 Manual Content of the World St. Ward. (c) Residence: No. 1 Manual Content of the World St. Ward. (c) Ward. (c) Manual Content of the World St. Ward. (c) Ward.		death occurred in a hospital or institution, give its NAME instead of street and number)
(3) Residence: No. 1 (Chualpine of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARKEEN, WIGOVED, OR DIVOKCED (weiter the word) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (2) I HER EBY CERTIEV, That I altended decased from the date stated above, et. 7, 132, e. m. (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (1) Solf II married, widoved, or divorced (cr) Wife or (Worth) (Solf or worth) (Solf or or business in which is solf of work of worth or (Solf or or country) (S	1 . + 10 +11 .	
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20. FILED (Address) Com Vales (Address)	(Address)	OM OTT IN
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CTATE OF MADY AND CEDTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis, 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago CHARLES ELL V Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH		92-0	
County Dorchester		Registration Dist. No. / 6	6
Village or City William	nsburg	NoSt.,Steam of death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence In city or town when	7 7	f death occurred in a hospital or institution, give its NAME instead of street and specific death of the control of the contro	
		If U. S. Veteran, specify WAR World	
(a) Residence: No. Will	iamsburg, Md. (Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male Colored	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH January 25 (Month) (Oay)	, 193_7
5a. if marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	About 1897		Z death is said
7. AGE Years Months About 40	Oays If LESS than 1 day,hrs.	to have occurred on the data stated above, at 0.130	Oate of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Day Laborer arm and Mill 11. Total time (years) spant in this occupation Life	Other Coatributery Canses of Importance:	1936
12. BIRTHPLACE (city or town)	Unknown	Chronic Marcordites	173
TI 13. NAME Unknow	m	Claule / Julymons Ela	?
14. BIRTHPLACE (city or town)(State or country)	Unknown	Name of operation 1 Oate of What tast confirmed diagnosis? Was there a	
15. MAIDEN NAME UNKNOW	'n	23. If death was dua to axternal causas (VIOLENCE) fill in aiso the follow	
16. BIRTHPLACE (city or town)	Unknown	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Henriet (Address) William	ta Lake sburg. Md.	(Specify city or town, county and S Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	tale) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	, i do do do Jan 27 19 37	Manner of injury	
19. UNDERTAKER J. J. Fran (Addrass) Federalsbu	nptom & Son urg, Md.	24. Was disaase or injury In any way related to occupation of daceased?	41.
20. FILEO / 127 , 1937	Theo. It. Bestings.	(Signad) (Address) Tolerand	us d'

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 5 1937	July 5,1927	Peritonitis	3 days ago
TALL STATES			1
Other contributory causes of importance:	THE THE	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MA	ARYLAND-CE	RTIFICATE	OF DEATH
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110

STATE OF MARTEAND	CLIVIII ICAIL OI DLAIN 410
1. PLACE OF DEATH	(97)
County Dorchester	Registration Dist. No.
Village or City Near Eldorado	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town whara daath occurradyrs,mos.	
2. FULL NAME Nobert J. Hastis	ge If U. S. Veteran, specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorged HUSBAND of (or) WIFE of Harriet M. Hastings	22. h HEREBY CERTIFY, Ihat h attended dacassad from
(a) mile of Statistic 17. Statistically	no live 19 10 no true 19
6. DATE OF BIRTH (month, day, and year) Queg. 5, 185/	I last saw h Asson alive on No Keriel 19 ; death is said
7. AGE Yaars Months Days If LESS than	to heva occurred on the data steted abova, at 5
8 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance were as follows:
Z 8. Trada, profession, or particular	Scrubby
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Setured	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	(Did not all the mose)
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data dacasad last workad et 11. Total time (years)	Thimony cause: Probably arterio-selvosis. Duration:
this occupation (month and spant in this die	not stated angen.
2/40:400	Other Contributory Causes of Importance:
(State or country)	
	/
E	
[14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diegnosis? Was there an eutopsy?
II /	23. If death was due to external causas (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
n u 11-t	Whara did Injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs Street Mealley (Address) Roberdule, Md.	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Case Me Marse Data Jan 8, 1931	Nature of Injury
19. UNDERTAKER 24. 24. Willoughly (Address) Fast New Work at The	24. Was disease or injury In any way related to occupation of decaesed?
20. FILED Jan. 7, 1937 Chas. It Dustings	(Signad) Sloger Myers M.D.
Registrars	(Address) Landout MA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Trailer or			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	em of infor-	should state	f OCCUPA-	
	D. Every it	HYSICIANS	t statement o	
DING	J. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC. LD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
RGIN RESERVED FOR BINDING	IIS IS A PER	be stated EX	be properly cl	of certificate.
RESERVE	ING INK-TH	AGE should	o that it may	tions on back
RGIN	ITH UNFAD	illy supplied.	plain terms, se	TION is very important. See instructions on back of certificate.
	PLAINLY, W	ould be carefu	F DEATH in	very important
. S. No. 1	BWRITE	mation sh	CAUSE	TION is

1. PLACE OF DEATH	r MAKI	LAND	CERTIFICATE OF BEATTI	XIV
County Porchester			Registration Dist. No. TTA	
Village or City_Coolcis_Poi	int-		ND. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward umber) sds.
2. FULL NAME. George II. (a) Residence: No. Cambridge	Howard	#I Md.	If U. S. Veteran, specify WARNQSt., Ward. If nonresident give city or town and	
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	Nate
	5. SINGLE, MARR	IED, WIDOWED, (write the word)	21. DATE OF DEATH January 7th (Month) (Day)	19 3 (Year)
5a. If marriad, widowed, or divorcad HUSBAND of Late Emily I (or) WIFE of		len.		deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months	/3/T866 Days	If LESS than	to have occurred on the date stated above, at 5. 45. An. M.	, 400111 13 3414
70 5	4	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance wara as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc	11. Total tir spen occu	tin this BI	Dther Contributory Canses of Importance:	
13. NAME Heorge H. Howard 14. BIRTHPLACE (city or town) Wice (Stete or country)		9 - Md	Nama of operation Date of	ulopsy?
15. MAIDEN NAME Eliza Horostal 16. BIRTHPLACE (city or town)		o, M rd	23. If daath was due to extarnal causes (VIOL ENCE) fill In also the following Accident, suicide, or homicide? Dete of injury Whare did injury occur? (Specify city or town, county and State	, 19
17. INFORMANT. Mrs. Lona. Tho (Address) Cambridge 18. BURIAL, CREMATION, OR REMOVAL Place James, Md.	R.F.D	Md. /1937 ₁₉	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA Manner of Injury Nature of Injury	
19. UNDERTAKER Granville S. (Address) Cambridge 20. FILED 1 - 9 - 137 Qol	LeComp Maryla	nte		10 L' M. C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- DEATH
County Borchester	(91-6) Registration Dist. No. ///
Village or City at new Morket	NoSt. Ward
(lí	death occurred in a hospital or institution, give its NAME instead of street and number)
510000	ds. How long in U. S. if of foreign birth?yrsmosds.
THE WANTE OF THE PARTY OF THE P	If U. S. Veteran, specify WAR
(a) Residence: No. (Usyal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marke	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Maymond looks tu	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) There 29 1890	I last saw h. 2 2 alive on San 11 , 19 3 2; death is said
7. AGE Years Mopth Days If LESS than	to have occurred on the data stated above, at 12 Noary
46 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER,	Date of onset
Kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and specific property).	Malegnant Endocardelia
work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Data deceased last worked at this occupation (month and spant in this	
yaar) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	29
(State or country)	(also many Edera
13. NAME Loseph Samples 14. BIRTHPLACE (city or toyn)	/
4 14. BIRTHPLACE (city or toyn) (Sata or country)	Name of operation Data of Data of
	What test confirmed diagnosis your Was there an autopsy? Ho
Ξ / / / / / / / / / / / / / / / / / / /	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Joseph Soupson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
(Address 6 get now murket	
18. BURIAL, CREMATION, O'R REMOVAL	Manner of injury
Places est how Market Date Jan 16, 1937	Natura of injury
19. UNDERTAKER A Hillowgally (Address) Sent new market	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jaul 4, 1937 . H & , Parker Registrar.	(Signed) Thenh M. Onderson M.D. (Addrass) Federallung Und
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OF THE PROPERTY V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

- 4	5.3	
6 32	1	1
7	4	1

1. PLACE OF DEATH	(25)
County Norchesler	Registration Dist. No. // 2
Village or City Veesma bulsido	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME MALLISTIAN Copy	If U. S. Veteran, specify WAR
(a) Residence: No. Line with the contract of t	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer)	I last saw hely any on December 23, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 Julivouary Serber Culoses
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	<u> </u>
10. Dete deceased last worked at this occupation (nonth and year) spent in this occupation cocupation.	
12. BIRTHPLACE (city or town) Masselma. (State or country)	Other Contributory Cancer of importance: Land No. 90 to Danitarium
13. NAME () 13. NAME	<u> </u>
14. BIRTHPLACE (city or town)	Name of operation Late Chest Specialing Under an autopsy? Ha
15. MAIDEN NAME	23. If deeth was due to externel causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 4	Nature of Injury
19. UNDERTAKER Add A A A A A A A A A A A A A A A A A	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Jan 20., 1937. Mrs. Polost fee Wright Registrar.	(Signed Toward 5. Campus M. D. (Address) Massua Pud.)
	tr, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II	
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Chronic interstitial nephritis FEB 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3, 1927	Peritonitis	3 days ago
BUSEAU	1		
the state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

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4		6

Length of residence in cits or town where death accurred. (If death occurred in a hospital or institution, give in NAME instead of street and number) 2. FULL NAME (a) Residence: No. (Usual piece of abode) PERSONAL AND STATISTICAL PARTICULARS St., Ward. (b) Married, widowed, or divorced HUSBAND or DIVORCED (runive the word) (c) NIFE of (c) DATE OF BIRTH (month, day, and year) 7. AGE Years (a) Months (b) Jays (c) Jays (1. PLACE OF DEATH	,	not.	
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Length of residence in cits of town where death occurred in a horpist on insultation, size is NAME intended detreet and aumber) 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SSt., Ward. If I. S. Veteran, specify WAR. (A) If nonresident sive city or town and State of Abode) PERSONAL AND STATISTICAL PARTICULARS S. SINGLE MARRIED, WIDOWED. OR DYDOCED Cominc the word) (Wonith) 22. I HEREBY CERTIFY, That I attended decessed (HUSANO of Control of Cont	Village or City	enden		Ward
2. FULL NAME (a) Residence: No. (Usual place of abode) St., Ward. (If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS JOSEK 4. COLOR OPRACE 5. SINGLE, MARRED, WIDOWED, OR, DIFFORCED Currie the word) 52. If married, widowed, or divorced (Wonth)		, /		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS STORY 4. COLOR OPRACE 5. SINGLE MARKED, WIDOWED, OR DIFFORCED (curric the word) (Wonth)	Length of residence in city or town where de	eath occurred yrsmos	ds. Hew long in U.S. If of foreign birth?yrsmi)sds.
Personal and State Persona	2. FULL NAME	, case you	If U. S. Veteran, specify WAR	
PERSONAL AND STATISTICAL PARTICULARS TO SEX 4. COLOR OB-RACE S. SINGLE MARRED, WIDOWED, OR DIFORCED (write the word) OR DIFORCED (write the word) 21. DATE OF DEATH 22. 1 HEREBY CERTIFY, That I attended decessed (or) WHE of 23. Trade, profession, or particular kind of work done, es SPINNER, SAWTER, BOOKKETER, etc. S. MILL, BARK, etc. 10. Date General saw which was done, as SIK MILL, SAW MILL, BARK, etc. SAW MILL, BARK, etc. 11. Total time (years) sociulation (month) end work was done, as SIK MILL, SAW MILL, BARK, etc. 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CERMATION, DR REMOVAL MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. 1 HEREBY CERTIFY, That I attended decessed concerned on the detected box, at. 7, 19. 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL CERTIFICATE OF DEATH (Month) 21. DATE OF DEATH (Month) 22. 1 HEREBY CERTIFY, That I attended decessed concerned on the detected between the work as well as the particular and th	(a) Residence: No.	heron m		
TERSONCED (white word) 3. If married, widowed, or divorced HUSSANIO (or) WIFE of (State
OR DIFORCED (curric the word) a. If married, widowed, or divorced HUSBANO of (or) WIFE of DATE OF BIRTH (month, day, and yeer) DATE OF BIRTH (month, day, and yeer) AGE Years Months Days If LESS than I day hrs. or min. 3. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Indistry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month end year) occupation. CISTATE OF COUNTY (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or lown). (State or country) 16. BIRTHPLACE (city or lown). (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL				
1. If married, widowed, or divorced HUSBANO of Corp Wife	SEX 4. COLOR OB RACE		Janeing 10	, 193 7
HUSBANO of (or) WIFE of DATE OF BIRTH (month, day, and yeer) AGE Years Months Days II LESS than 1 day	If married widowed or divorced		(Monin) (ury)	yreel)
AGE Years Months Days If LESS than 1 day,	HUSBANO of	Lot.		
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Other Contributory Causes of Importance: Other Contributory Causes Oth		spent in this		
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13 - 1 - Head in 1/16 3)			Menner of injury	
LIGORATE TO THE PARTY OF THE PA	Place Lofa Her	Joanes 1/16 137	- Nature of injury	
24. Wes dicease or injury In any way related to occupetion of deceased? 200	listo	12		
9. UNUERTAKER		The second		
(Address) If so, specify (Address) (A. Th. Greece)	(Address)	00417	14 34 0/	M. (
20. FILEO Jan. 16, 1937 Hilson A. Pretchett (Signed) V. Marchett (Address) Cambridge Leed	10. FILED Jan. 16, 1937 HA	2000 D. Kelshell	0 - 0 - 1	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

stat UPA	1. PLACE OF DEATH	(P)(2)
73	County Darchest	Registration Dist. No. // 2
td. Every item of FSICIANS should statement of OCC	Village or City // Leuna - (If	NoSt.,Waldeath occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosd
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write they word)	21. DATE OF DEATH gan. (Day) (Mar)
NFADING INK—THIS IS A PERMANEN pplied. AGE should be stated EXACTI erms, so that it may be properly classified instructions on back of certificate.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) /876 · Mch. 19 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year)	22. I HEREBY CERTIFY, That I attended daceasad from 1976, 10 200. 11 1937; death is so to have occurred on the date stated above, at 7.19. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Other Coutributory Causes of Importance: Other Coutributory Causes of Importance:
FA. lied ms, stru		(mild Legus)
D = 4	13. NAME COLLEGE COLLE	Name of operation
	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
-WRITE PLAINLY, WITH mation should be carefully CAUSE OF DEATH in plai TION is very important. S	15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Jan 4 , 1937	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
N. B.—W mai	19. UNDERTAKER Mellangey & Jan. (Address) E. new Market 20. FILED Jan 44, 1937 Elizabeth A. Braft. Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. Address) M. Charles Street, Baltimore, Requesting V. S. No. 1.

ARGIN RESERVED FOR BINDING

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 424
1. PLACE OF DEATH	
county Dorchester	Registration Dist. No. , 116
Village or City Combered 4	Neasternthore take toop togget
Length of residence in city or town where deeth occurred//yrs+mos.	death occurred in a hospital or institution, give its NAME instead of street and number) [22.ds. How long in U.S. If of foreign birth?
2. FULL NAME Trederica Hraus	If U. S. Veteran, specify WAR
(a) Residence: No. Pecil Rounty Ind alm	ahouse Ward.
(Usual place of altode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Famale white OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Month) (Dey) (yeer)
5a. If married, widowed, organizated HUSBAND of (or) WIFE of Thomas Traus)	22.) HEREBY CERTAFY. Thet I attended deceased from
6.24 00 1850	april 300, 1930, 100) a may 23 1937
6. DATE OF BIRTH (month, day, end year) 22-/85 2 7. AGE Yeers Months Deys If LESS then	to heve occurred on the detectated above, at 3 45 m.
X 4 2 1 dey,hrs.	The PRINCIPAL CAUSE OF BEATH end related ceuses of importence
2 Trade profession or particular	were as follows:
kind of work done, es SPINNER, Houseworks	Theonia muse ardilio 1925
9. Industry or business in which work was done, as SILK MILL, Sew Lorn Lorne	
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yeer) Alexander 2.5. occupation . Jet	Other Centributery Causes of importence:
12. BIRTHPLACE (city or town) Woodlown (Stete or country)	Other Commontery Causes of Importance.
- June Carte	
E	Name of coastion
(Stete or country)	Neme of operation
	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cord Toler 16. BIRTHPLACE (city or town) 200 all pure	Accident, suicide, or homicide? Dete of Injury, 19
(State or country) maruland	Where did Injury occur?
17. INFORMAN Eastern Share Hat Hoof Nec	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Virguelle, Dote Jan 25, 1937	Neture of injury
19. UNDERTAKER LES A: Lastered.	24. Was disease or injury in any wey releted to occupation of deceesed?
20. FILED 1 - 23, 1957 Police mace ye,	(Signed) tharles takeling MD.
Registrefy 16 months and 11 San B	(Address) Carrellege Try)
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FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	25
1. PLACE OF DEATH		
	97)	
County Additional	Registration Dist. No.	1
Village or City Combunity	death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
V ^ /	16 ds. How long in U.S. If of foreign birth? 54 yrs 9ch from	Bud
2. FULL NAME Um locally ofemble	If U. S. Veteran, specify WAR	
	St. Ward.	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white married (write the word)	anuary dett, 193	7
5e. If merried, widowed, or divorced	(myerr) (bey)	(7001)
HUSBAND OF alberta Karrisan	1 HEREBY CERTIFY, Thet I attended dece	esed from
60:000	19.06, to ameny 26,	1937.
6. DATE OF BIRTH (month, day, and yeer) Control 3-1857	11 16 01	ath is seid
7. AGE Yeers Months V Deys If LE6S than 1 day,hrs.	to have occurred on the date stated above, at _1.9 /m. The PRINCIPAL CAUSE OF DEATH and related causes of Importence	
	were as follows:	te ol onset
8. Trede, profession, or perticuler kind of work done, as SPINNER, Shoershourer SAWYER, BOOKKEEPER, etc.	0	
SAWYER, BOOKKEEPER, etc.	peretrafacteribelesses /	929
9. Industry or business In which work wes done, es SILK MILL, Devr Flook. SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occandation (myhink ann) spent in this	A	
10. Date deceased lest worked at this occupation (month and year)	tml	
91 hashin	Other Coatributory Causes of importence:	
(State or country)		
13. NAME 9Villa elmon Longhal		
± 01		
X 14. BIRTHPLACE (city or town) (State or country)	Name of operation	Cho
I 15. MAIOEN NAME TO BOOK A RADALES	Whet test confirmed diegnosis?	syl-FLO
E	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:	10
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, Where did injury occur?	19
F. T. OD A. M. M. M. M.	(Specify city or town, county and State)	
17. INFORMATION TO THE CANADA	besity whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Optora, Webete 1-28,193]	Nature of Injury	
Marin & Surrem alm	9.	A -
19. UNDERTAKER // AMULE // MACCONTRACTOR (Address)	24. Wes disease or injury in eny way releted to occur etion of deceased?	·····
1 21 21 2	(Signed) hables dand	
20. FILED 1 - 26, 1921 The man Register.	(Signed) (Address) America 0 95	M: D.
If more blanks are needed, address State Registrar, 2		0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory course of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING ITH CHEADING INK—THIS IS A PERMANENT RECU

1. PLACE OF DEATH plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number How long in U.S. if of foraign birth?______yrs.__ If U. S. Veteran, specify WAR, (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CERTIFY. That I attended dacaased from 6. DATE OF BIRTH (month, day, and year) Months If LESS than 7. AGE Days The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. ware as follows: Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc._____ may 10. Date deceased last worked at 11. Total time spant in this occupation 2 12. BIRTHPLACE (city or town) (State or country) plain terms, 13. NAME Neme of operation_____ 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? MOTHER important. 23, if daeth was due to external causes (VIOLENCE) fill in also the following: E. DEATH 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur? ... (Specify city or town, county and State) city whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF 18. BURIAL, CREMATION, OR REMOVAL Nature of injury. 19. UNDERTAKER (Address) if so, specify (Signad) Registri If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Allack of epilepsy	Date of onset	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
- 1 DEREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Date of onset

(Day)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LEB 2 1831			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

N. B.—WRITE PLAINLY,

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 41	6	3	5
1		"	1
1		0	,

1. PLACE O	F DEATH		(3)		
County	9001			Registration Dist. No.	110
Village or	City Hernlo	rel (IF	Nodeath occurred in a hospital or institution,	give its NAME instead of street and	Ward number)
Length of res	sidence in city or town where o		ds. How long in U.S. if of for		
2. FULL NA	ME SULL	kuch mo	thewa If U. S. Veteran, spe	cify WAR	
(a) Reside	nce: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town as	nd State
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CER	TIFICATE OF DEATH	
3. SEX M	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruste the word)	21. DATE OF DEATH	The fan 17	, 193
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced		0 1	ERTIEY, That I ettende	W
6. DATE OF BIRTH 7. AGE	month day, and war)	Days If LESS than 1 day hrs. or	I last saw h alive on to have occurred on the date stated ab The PRINCIPAL CAUSE OF DEATH a were as follows:		
SAWYEF 9. Industry or work wa SAW MI 10. Date deceathls occur	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which as done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (c (State or cou		Markens	Other Contributory Causes of Importan		
	E (city or town)	160.	Name of operation	Date of	
	E (city or town) Dw r country)	Lampson ing!	23. If deeth was due to external causes Accident, suicide, or homicide? Where did Injury occur?	(VIOLENCE) fill in also the followi	ng:
17. INFORMANT (Address)	Hureve	1 ud	Specify whether injury occurred in IN	DUSTRY, in HOME, or in PUBLIC F	PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL	Dete ///9/1937	Manner of injury		
19. UNDERTAKER (Address)	Yorks Im	morfet	24. Was disease or injury in eny way r	eleted to occupation of deceased?	
20. FILED/	8 ,1937 Cha	s. 21. Histings	(Signed)	All at Il	M.S

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis 3 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs. Length of residence in city or town where death occurred. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED! 21. DATE OF DEATH BINDING 5e. If merried, widowed, or divorced HUSBAND of CERT NEY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year 7. AGE Days If LESS than Years Months to have occurred on the date stated above. 1 dey, ----- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or_____min. were es follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER RESERVED SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years 10. Date deceased last worked a spent in this 12. BIRTHPLACE (city or town) (State or country FATHER 13. NAME lddus Name of operation..... 14. BIRTHPLACE (city or town). plain (State or country) carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) enify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, OF (Address) 18. BURIAL, CREMATION, OR DEMOVAL Manner of injury CAUSE Nature of injury LION 19. UNDERTAKER If so, specify (Signed) 20. FILED 1- 9 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 430
1. PLACE OF DEATH	(52)
County Marchells WITHIN COR	Registration Dist. No.
Village or City Cambridge	NoSt., Ward
3 %/	death occurred in a hospital or iostitution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William 18. / Nigel	If U. S. Veteran, specify WAR
(a) Residence: No. // / West place of abode)	St., Ward. If oonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Marriel (Wirterthe ward)	Month) (Day) (Year)
5a. If married, widowed of divorced HUSBAND of	
(or) WIFE of Lucy M. Ince	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 20- 1857	Mast saw harmalive on Jacks 014 1, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, st. 2. 44 m.
79 3 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	O le frais kingo - carolita Date of onset
kind of work dona, as SPINNER, Merchant Petra	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 1D. Data deceased last worked at 11. Total tima (years)	
this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town). Dorellester Co.	Other Contributory Causes of Importance:
(Stata or county)	note here
II 13. NAME Esteriare Trice	
13. NAME Selvian (nice) 14. BIRTHPLAGE (city or town). Dov, Co.	Nama of oparation Date of
(State of country)).	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Deale (LILW Forks) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or towo, county and State)
17. INFORMANT Mrs. W. A. Price	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, SEMATION, OR REMOVAL O	
Place orlewarva autyle Jan 12, 19 37	Manner of Injury
A THE POLICE	Nature of injury
19. UNDERTAKER ALLIUMENT A. OUVILLAS. (Address) Cambridge Md.	24. Was disease or injury in any way related to occupation of deceased?
12 57 0 10	(Signed) P. It. Taves M.D.
20. FILED 1- 12 , 193/ Jaha mace M. Registy.	(Address) Laweign Lind
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributes			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
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LARGIN RESERVED FOR BINDING

V. S. No. 1

County Dunkysler		(4.20)	Registre	tion Dist. No.	16
	Creck	No.	Mogistre	St.	Wai
		If death occurred in a hospital or in		NAME instead of street	and number)
Length of residence in city or town where d	eath occurred yrs.	1	. It of foreign birt	h?yrs	moso
2. FULL NAME Wills	e any po	nission			
(a) Residence: No. Cambrid	(Usual place of abode)	St.,Ward.	If nonre	sident give city or town	and State
PERSONAL AND STATISTI		MEDICAL		ATE OF DEAT	
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEAT	H Jan (Month)	3 /	, 193.7
. If married, widowed, or divorced HUSBAND of			(Mulicii)	(Day)	(Tear)
(or) WIFE of Olin Bhoke	won	may 11	BYCERT	Tax. That I atten	ided deceased from
DATE OF BIRTH (month, day, and year) auc	918-18.85	I last saw h	Sans	26 ,19-	37; death is s
AGE Years Months	Days If LESS than	to have occurred on the date	stated above, at	m.	1
5-/ 5-	/ 3 1-day,hrs	The PRINCIPAL CAUSE OF D	EATH and related	causes of importance	I Day (
8. Trade, profession, or particular kind of work done, as SPINNER,	large wife	Carcino	ma c	7 The	Days of one
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc		- Stoman	4. ()	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		metaste	16	tion	
1D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this 25 in occupation	perstones	l Se	ando!	
BIRTHPLACE (city or town)	h bruk	Dither Contributory Causes of i	importance:	***************	
(State or country)	ma				
13. NAME Willes /3 ya	inoch .	711	M Q		
14. BIRTHPLACE (city or town) (State or country)	Tul.	Name of operation	Xrou ha	Date	of
15. MAIDEN NAME Sarah &	1 mil	What test confirmed diagnosis			an autopsy?
	March	23. If death was due to external	7-		
16. BIRTHPLACE (city or town) (State or country)	71.12	Accident, suicide, or homicide	7	Date of injury	, 19
10 Pin 19 A	la seron	Where did injury occur?	(Specify o	ity or town, county and	State)
(Address) Clurch	break mol	Specify whether injury occurre	a in INDUSTRY,	IN HUME, OF IN PUBLIC	FLACE.
BURIAL, CREMATION, DR REMOVAL PlaceCleurh Creck	Date Pel 2 1939	Manner of injury			
Amende A	1 lande man	watere or injury			20
(Address) Clumb 62	eck rul	24. Was disease or injury in ar	ny way related to	occupation of deceased	7
FILED 2 - 1 1937 /	Lui Mario M	(Signed) Mult	sca	nerde	M

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1			Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of importance were	Date of onset		
Arteriosclerosis	4	1915	Attack of epilepsy	as follows:	1 week ago	
Chronic interstitial nephritis	41	1921	Run over by street car	FFR 2 1820	1 week ago	
Cerebral hemorrhage	ore .	July 5,1927	Peritonitis	200	3 days ago	
				GRANES	3	
Other contributory causes of importance:			Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis		1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-AD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. B.—WRITE PLAINLY, WITH

FOR BINDING

ARGIN RESERVED

1. PLACE OF DEATH County Village or City Village or City Langth of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) A Residence: No. (c) Maniphase of abodo PERSONAL AND STATISTICAL PARTICULARS St. St. (a) Residence: No. (b) A Residence: No. (c) Maniphase of abodo PERSONAL AND STATISTICAL PARTICULARS St. (a) Residence: No. (b) Maniphase of abodo PERSONAL AND STATISTICAL PARTICULARS St. (c) OLOR, OR RASE (d) B STATISTICAL PARTICULARS St. (e) DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 3. STATISTICAL PARTICULARS St. (b) MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 3. STATISTICAL PARTICULARS 1. If STATISTICAL PARTICULARS 1. If STATISTICAL PARTICULARS 1. In married, widowed, or dispurged (c) NIFE of Language of the whole of the w	STATE OF MARYLAND—	CERTIFICATE OF DEATH 432
Village or City Length of residence in city or town where death gooding of the country of the c	1. PLACE OF DEATH	108
Langth of residence in city or town where death secured 7. yrs	County Narchester	Registration Dist. No.
Length of residence in city or town where death peculiard (7. yrs. / moc.) 26s. How long in U.S. If of toreign british; 42	Village or City Combridge	Notastern there State Hospielal Ward
2. FULL NAME (a) Residence: No. (b) Charlese of abode) PERSONAL AND STATISTICAL PARTICULARS S.E. 1. COLOR, OR RAJE OR DIVINGRED Courte the whydo S.E. II married, widowed, or diggred (cy) viff of cy) viff of cy E. DATE OF DEATH DATE OF DEATH (month, day, and year) AGE Verra Months Days II LESS han to have occurred on the date labeled above, at EMP Pm. II all days. S. Trade, profession, or particular S. Trade, profession, or particula	Length of residence in city or town where death occurred 7 vrs. / mos.	
(a) Residence: No. (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WID OWN. 1. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WID OWN. 5. If married, widewed, or dispyred (co) wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1. Jay. 1. May. 1. M	2 FULL NAME (1- mga (Ana)	
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, 6. DATE OF DEATH 3. MEDICAL CERTIFICATE OF DEATH 3. DATE OF		
3. EX 4. COLOR OR RACE ON DWORCED Connection when the when the continue of the color of the colo		If nonresident give city or town and State
Se. II married, widowed, or dispreed HUSBAND (Month) 5. DATE OF BIRTH (month, day, and yeer) 7. AGE 8. Trade, profession, or particular kind of vork done, as SPINNER, document and the service of the date styled above, at. D. I. F. The PRINCIPLA CAUSE OF BEATH and related causes of importance were as follows: 8. Trade, profession, or particular kind of vork done, as SPINNER, document and the service of the date styled above, at. D. I. F. The PRINCIPLA CAUSE OF BEATH and related causes of importance were as follows: 9. Industry or business in the service of the date styled above, at. D. I. F. The PRINCIPLA CAUSE OF BEATH and related causes of importance were as follows: 9. Industry or business in the service of the service of the date styled above, at. D. I. F. The PRINCIPLA CAUSE OF BEATH and related causes of importance were as follows: 9. Industry or business in the service of the service of the date styled above, at. D. I. F. The PRINCIPLA CAUSE OF BEATH and related causes of importance were as follows: 9. Industry or business in the service as SPINNER, document and the service of the service as follows: 9. Industry or business in the service of the service as follows: 10. Date deceased last worked at 10. Date of country) 11. Total time (yease) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT A policy of the service of the		
So. DATE OF BIRTH (month, day, and yeer) So. BIRTH (month), day, and yeer date date texted above, at a. Lift (added above, at a. Lift	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	January 30th 193 7
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day	HUSBAND of	
T. AGE Years Months Days If LESS than 1 day	(6) 1112 51	april 500, 1930, 10 January 30 7537
State or country Stat		7,50
S. Trade, profession, or particular kind of work done, as SPINNER, which work done, as SPINNER, believe the service of the s		
Name of operation. State or country	8 Trade profession or particular	l word on fellows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Control of REMBYAL (Address) 18. BURIAL, CREMATION OR REMBYAL 19. UNDERTAKER (Address) 20. FILED. 2 , 193		(C) 1 1 . N
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Control of REMBYAL (Address) 18. BURIAL, CREMATION OR REMBYAL 19. UNDERTAKER (Address) 20. FILED. 2 , 193	9. Industry or business in which work was done, as SILK MILL.	Labor preumones Jans
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Control of REMBYAL (Address) 18. BURIAL, CREMATION OR REMBYAL 19. UNDERTAKER (Address) 20. FILED. 2 , 193	SAW MILL, BANK, etc. 11 Total time (years)	(/19.35)
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURTHAL, GREMATION OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED. 2 - 1 - 1937 19. Where did Injury Nature of injury (Signed) 17. OR Removal 18. BURTHPLACE (city or town) (State or country) Nature of injury Nature of injury (Signed) (Signed) (Signed) (Address) Address) Address) Address) (Address)	and occupation and a specific till 1. D. 1.	and 1
13. NAME		Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? I was the steering to autopsy? I was the steering to autopsy? I was diagnosis? If so, specify whether injury occur? If so, specify whether injury occur? If so, specify was diagnosis? If so, specif		
What test confirmed diagnosis? Was there an autopsy? I was the substitute of injury occur? If so, specify was disease or injury in any way related to occupation of deceased? If so, specify was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed	# 13. NAME This Threstoppenson	
The state of the s	14. BIRTHPLACE (city or town) (Carly arthur)	91
(Specify city or town, county and State) 17. INFORMANT Content of the state of the		V
17. INFORMANT Cartern Shore Stole Goods Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL 19. UNDERTAKER (Address) 20. FILED 2 - 1 - 1987 Specify Cartern Shore Stole Stole Shore Stole Shore Stole Shore	The state of the s	
(Specify city or town, county and State) 17. INFORMANT CARRES 18. BURIAL, CREMATION OR REMOVAL 19. UNDERTAKER (Address) 20. FILED 2-1-, 1937 Registyr. (Address)	State or country)	
18. BURIAL, CREMATION OR REMOVAL POPULATION OR REMOVAL 19. UNDERTAKER (Address) 20. FILED 2-1-, 19\$7 Registry. Manner of injury Nature of injury 24. Was diseased at injury in any wey related to occupation of deceased? (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address)		(Specify city or town county and State)
19. UNDERTAKER (Address) 20. FILED 2-1-, 1937 Registry. Nature of injury 24. Was disease at injury in any wey related to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address) (Address)		Manner of injury
20. FILED 2-1-, 1987 Page 72. Registry. (Address) (Address) (Signed) (Address) (Address) (Address) (Address)	Louis Joshifal Semellower tel 10, 1937	
20. FILED 2-1-, 1937 Nolph naca ye. (Signed) Marley farally M.D. Registyr. (Address) Carolly July 1911-1915.		
	20. FILED 2-1- 137 Dolp nace ye.	(Signed) harles fagelier M.D.

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Chronic interstitial nephritis EB 5 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING RESERVED RGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 5 1937	July 5,1927	Peritonitis	3 days ago
LEATERAN V. S.			
Other contributory causes of importance:	Ell health	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1 1			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN	V

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 434
	CORATE LIMITS 07 Registration Diet No. 276
(a)	Registration Dist. No.
Village or City	No. St., Ware f death occurred in a hospital or institution, give its NAME instead of street and number)
	s ds. How long in U.S. if of foreign birth?
2. FULL NAME Papalean Sharten	ILCAOMY DETERMAN
(a) Residence: No. 408 Handaugta &	St. 4 Ward. Boye reselling
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (waite the word)	21. DATE OF DEATH
Male White OK DIVORCED (Water the Word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1 HEDERY CERTIES The Lander de contra
(or) WIFE of Marrie n. beech	1 HEREBY CERTIFY, That I attended deceased from
9/6/1864 C	I lest saw h alive on, 19, 19; deeth is sai
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et
72 4 16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or perticular	were estollows. Date of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked et this occuration (months and	
SAW MILL, BANK, etc	
- Inis occupation (month one) Spont in this -	
yeer) occupetion	Other Coutributory Causes of Importence
12. BfRTHPLACE (city or town)	Cepetral remorting for 19
(State or country)	- Chronic neplirity () 1913
13. NAME TO ME Charles	mysturdial Hegeneration.
13. NAME have have have 14. BIRTHPLACE (city or town) Rakes as a second of the control of the co	Name of operation
(State of country)	Whet test confirmed diegnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT COSCELL. W. Harton	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Piece	Menner of injury
618PO H-	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupetion of deceased?
(Address)	If so, specify
20. FILED 1- 23, 193 John mace Je,	(Signed) M.
Regisfigr.	(Address) Cambridge, nd.

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Example I			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FFD F 1997	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PRINCALL V. S.	July 5,1927	Peritonitis	3 days ago	
	Contract Springs and Springs a				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-RD. Every item of infor-UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

ARGIN RESERVED FOR BINDING

-WRITE PLAINLY, WITH

V. S. No. 1 N. B.

STATE OF MARYLAND—CERTIFICATE OF DE	STATE	OF	MARYL	AND-	-CERT	IFICATE	OF	DEA
-------------------------------------	-------	----	-------	------	-------	---------	----	-----

1. PLACE C	F DEATH			948	
County_D	orchester			Registration Dist. No. 41	0
Village or	city Near Fede	eralsbur	E	No. St	Ward
Length of re	sidence in city or town where	death occurred_6	O yrsmos	death occurred in a hospital or institution, give its NAME instead of street andds. How long In U.S. If of foreign birth?yrsr	number)
2. FULL NA	ME Ella A	. Smith		If U. S. Veteran, specify WAR	
(a) Reside	nce: No. Federa	lsburg,	Md.,R.F.	D . St., Ward.	
		(Usual place		If nonresident give city or town ao	d State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Female	White		RRIED, WIDOWED, ED (write the word) 1 ed	January 26 (Month) (Day)	, 193
5a. If marriad, wido HUSBAND of (or) WIFE of		S. Smi	th	22. I HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH	(month, day, and year) JU	ly 19.	1859	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7; daath is said
7. AGE Ye	ears Months	Days	If LESS than	to have occurred on the date stated abova, at _9:15_mp . m .	
7'	7 6	7	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
Z 8. Trade, prof	ession, or particular				Cate of onset
SAWYE	work done, as SPINNER, R, BOOKKEEPER, atc	House	work	Cormany Jum bous	1/26/37
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this corruption (month and) 11. Total tima (years)					
this occ	upation (month and	SP SP	entin this Life.		
				Other Coutributary Causes of Importance:	. a
12. BIRTHPLACE (d		comico ryland	County	Eliteryorganores	1/34
1	James H.	-		Horperleuser	1784
13. NAME		chester	Country		
4 14. BIRTHPLAC	E (CITY OF LOWN)	yland	country	Name of operation	11
(State (Mon E	. Knowl	9.0	What test confirmed diagnosts! May May Me Here an	
15. MAIDEN N	7.002			23. If death was due to external causes (VIOLENCE) fill in also tha following	
0 16. BIRTHPLAC	L (city of town)	mico Co	unty	Accident, suicide, or homicide? Date of Injury	, 19
(State of	or country) Mary			Where did Injury occur?(Specify city or town, county and St	ate)
17.INFORMANT Howard S. Smith (Address) Federalsburg, Md. R.F.D.				Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC P	LACE.
	TION, OR REMOVAL			Manner of Injury	
Place F' C C	deralsburg, D	d patellan.	301937	Nature of injury	
19. UNDERTAKER	J. J. Framp	otom & c	on	24. Was disease or Injury In any way related to occupation of daceased?	no
(Addrass)	Federalsbur			If so, specify	
1/20	9/ 120 11	2	3/ +:	(Signad) Trush M. Chefers	M. D
20. FILED	19.5		Registrar.	(Address) Queleralstein	9 lud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related autos of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 3 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

1. PLACE OF DEATH	RATE LIMITS BE (7) Registration Dist. No. ~~~~
Village or City College Once	Registration Dist. NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs Derch J. Stephe	If U. S. Veteran, specify WAR
(a) Residence: No. 319 Hard (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("Brite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decessed from January 4 1937, to January 4 1937
6. DATE OF BIRTH (month, day, end yeer)	I last saw her alive on Jamey 4th (, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Serile Arterio Seleroria Cerbrony
No. Trade, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this spent in this	
O 10. Date deceased last worked at this occupation (month and year)	Other Contribute Control investment
12. BIRTHPLACE (city or town) Calcus (State or country)	Other Contributory Causes of importance;
13. NAME Elyah Staplan	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME M. 3. Resulting 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT MAIS 13.4 IL	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of injury
19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 1-7 , 137 John mace Je. Regisper.	(Signed) like O, merelith M. D. (Address) Cambridge may land
If more blanks are needed, address State Registrat	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUKENS				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

0	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RD. Every	IYSICIANS	statement	
4G	ENT REC	TLY. PH	ied. Exact	
MARGIN RESERVED FOR BINDING	PERMAN	DEXAC	erly classifi	icate.
VED FO	THIS IS	ald be state	lay be prop	TION is very important. See instructions on back of certificate.
N RESER	ING INK-	AGE shor	so that it m	ctions on ba
MARGI	TH UNFAI	y supplied.	lain terms,	See instru
•	INLY, WI	be careful	EATH in p	important.
V. S. No. 1	RITE PLA	tion should	USE OF D	ON is very
V. S. No. 1	N. B.—W	ma	CA	TI

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 437
1. PLACE OF DEATH	23
County Deralete	Registration Dist. No. 115
Village or City the Comment of the C	CNO. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Clarity	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Ugalaplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Jacob 8 1037
Jeceste Whole morned	(Month) (Day) (Year)
is If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTY FY, Thet I ettended deceased fro
(or) WIFE of	1937 to Jan. 8 1937
DATE OF BIRTH (month, day, end year)	1 Last saw h Qualive on Lan. 2 1932 : death is sa
7. AGE Yeers Months Days If LESS then	to have occurred on the dete stated above, at 2 m.
56 2 7 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
8 Trade profession or particular	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	Manuelous of Lung 1900
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month end "/. / 2 spent in this 3	
year) occupation	Other Contributory Causes of importence;
12. BIRTHPLACE (city or town)	Other Constitution, Constitution
(State or copplitry)	
13. NAME I alone Marchan	1 None
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME TO	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
19-11-11	Accident, suicide, or homicide? Date of Injury
2 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
m Carlo Lange	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Betal me	Specify whether injury declined in Thousand in Home, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Pleto having Ereck not 1/10 100	Nature of Injury
lesto +	
19. UNDERTAKER	24. Was disease or Injury In eny wey related to occupetion of deceased?
(Address)	If so, specify fame w meace.
20. FILED Jan. 9, 193 2 James W. Maale	(Signed) M.
Coc, Registrar.	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUNGAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
delinerascopes lineasienes en acces			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 438
1. PLACE OF DEATH	[3]
County WITHIN CORPORATI	Registration Dist. No. // &
Village or City Canada	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town whara death occurredyrsr	nosds. How long in U.S. if o1 loreign birth?yrsmosds
2. FULL NAME annie Nodruj	If U. S. Veteran, specify WAR
(a) Residence: No. Edgewood an	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Asmale colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5b. If married, widowed, or divorcad HUSBAND of (or) WIFE ol	32. I HEREBY CERTLEY, Thet I attended deceased from
(OI) WIFE OI	January 11 , 1937, 10 January 15, 1937
6. DATE OF BIRTH (month, day, and year) Jet / 1885	(Jast saw h. 4 alive on
7. AGE Yaars Months Days II LESS than I day,h	
5 / 1/ 64 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows: Que of one
8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	" There is; on cente at- 12-24
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	tack sugrafted upon a charic report
10. Date deceased last worked at 11. Total time (years)	tis a Amotion of the latter : Not stated . Que or.
this occupation (month and / 9 3 6 spent in this occupation	
12. BIRTHPLACE (city or town) Baltimae (State or country)	Other Contributory Causes of Importance:
13. NAME Tathamil Nodres	
T /	Name of operation. Dete of
14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diegnosis? Climical Wes there an autopsy?
15. MAIDEN NAME Darch Getes	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ballimone (State or country)	Accidant, suicida, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Harry Valley (Address) Cambuler and	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Date Date 19 , 19 3	Natura ol injury
19. UNDERTAKER JA MOS SA Clerc	24. Was disaase or injury in any way related to occupation ol decaased?
(Address)	Il so, specily
20 FILED / 15 1937 Men 14000	(Signed) M. I

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Rupsat V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

200 VY 193V Space FOR FURTHER STATEMENTS BY PHYSICIAN	2	
	Sec.	

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF DEATH

1. PLACE OF DEATH			(48)
County Dorchester			Registration Dist. No. II6
Village or City Cambridg	e R.F.D	Md.	No
2. FULL NAME Millie I	. Waril		If U. S. Veteran, specify WARNQ
(a) Residence: No. Corner	Sville, (Usual place	of abode)	St., X Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MAR OR DIVORCE Marr	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH January 2nd , 193 7 (Yeer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Wm. H. Warf	ield.		22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	/TT/I87	7 (I last saw h alive on, 19; death is seld
7. AGE Years Months	Days 2. I	If LESS than I day,hrs. ormin.	to have occurred on the data stetad ebove, at 2
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	louse Wi	fe	Careerona of the Date of onset
10. Data deceased lest worked at this occupation (month and 2/30) 12. BIRTHPLACE (city or town) - Iong - I)/36 spe	Ime (years) nt in this 37 upation	Other Contributory Causes of Importance: & Sung 1935
(Stata or country)		J.	<i>A</i> /
	ī. J.		Neme of operation Curellage & Rollem Date of 1934. What test confirmed diagnosis? Sections Was there an autopsy?
15. MAIDEN NAME Hanna E.	Kinney		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hanna F. 16. BIRTHPLACE (city or town) (State or country)	N	. J.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Wm H. Warf			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury
Placa James, Md. Granville	S. LeCo		Nature of injury 24. Was disease or injury in eny way related to occupetion of deceased?
(Address) Cambridge	hu mo	Registrar.	(Signed) M. D. (Address) A. M. D

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB 5 1937	July 5,1927	Peritonitis	3 days ago	
RIPLAU V. S.			*	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

:	1. PLACE OF DEATH					<u> </u>	
						Registration Dist. No. ///	
	Village or	r City_Hu	rlock (outside)		NoSt.,St.,	Ward
	Length of	residence In c	ity or town where d	leath occurred 45	(lf	death occurred in a hospital or institution, give its NAME instead of street and numds. How long in U.S. if of foreign birth?yrsmos	ber)
:	2. FULL N	AME_	illiam !	Henry Wa	ters, Sr	If U. S. Veteran, specify WAR	
	(a) Resid	lence: No	Hurlock	(Usual place	and, R.	F • St.D • Ward. If nonresident give city or town and Sta	ie
	PERSC	NAL AN	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male Male		olored	5. SINGLE, MARI OR DIVORCED Mari	RIED, WIDOWED. (write the word) 1 ed	21. DATE OF DEATH January 4 (Month) (Oay)	3_7 (Year)
5a.	. If married, wid HUSBAND of (or) WIFE of	f	Mary L.	E. Wate	ers	22. I HEREBY CERTIFY, That I attended deci	,
	D		N	ovember	23,1885	1/3 ,19.37, to 1/4	19_5
_	DATE OF BIRT	H (month, da Years	Months	Oavs	If LESS than	I last saw h 19.3 7; do to have occurred on the date stated above, at 12:30m, p . m .	ath is said
		51	1	11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
_	8. Trade, pro	ofession, or p	erticular	1	ormin.	word as follows:	ate of onset
OCCUPATION	W SAWY	f work done ER, BOOKKE		Fireman			
PAT	9. Industry		n which	~ ~~ .			
S	SAW!	MILL, BANK,	etc	Can Fact		-	
- Ing occupation fulfolding and XV Class Shell till fill					tin this 7 -		
					pationA	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland							
~	13. NAME						
FATHER			rge W. I		Commeter		
FA	14. BIRTHPLA	CE (city or to or country)	OTO DO TO	chester yland	County	Name of operation Date of	
2	15. MAIOEN		Susan			What test confirmed diegnosis? Was there an autop)sy?
THER			Dam	chester	Country	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLA	ICE (city or to or country)		vland	Oddies	Accident, suicide, or homicide?	, 19
						Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mary L. E. Waters (Address) Hurlock, Md., R.F.D.			R.F	.D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,		
18. BURIAL, CREMATION, OR REMOVAL						Manner of injury	
1	Place P.e.	tersb	urg, Md	Date Jan.	6 ,19 37	Nature of Injury	
19	. UNOERTAKER (Address)	J. J. Feder	Frampte	om & Sor Maryla	ind	24. Was disease or injury In any way related to occupation of deceased?	
	FILED //-C	· · · · · · · · · · · · · · · · · · ·	1937 CA	las . H.	Dastings Registral.	(Signed) LRoger Muses (Address) Huland Md	M. D.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

item of infor-

Exact statement of OCCUPA-

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

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6.7	ed.	

1	. PLACE OF DEATH	(23)
	County Doubisting	Registration Dist. No. 114
	Village or City Crapo md.	No. St., Ward
		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S.If of foralgn birth?mosds,
2	FULL NAME The Much	If U. S. Veteran, specify WAR
	(a) Residence: No. / (Usual place of abode)	StV Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 3	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Jame Krivens	22. I HEREBY CERTIFY, That I attended decaased from
	DATE OF BIRTH (month, day, end year) AGE Years Months Days If LESS than	I last saw because alive on Jazz, to Jazze 10, 1957; dasth is said to have occurred on the dete stated above, at 7.3 P.A. m.
1	75 6 /8 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
NOI	8. Trade, profassion, or particular kind of work done, as SPINNER, Return Farmer SAWYER, BOOKKEEPER, etc.	Inbereclasis Tungs 193
OCCUPAT	9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc	
00	10. Oate deceased lest worked et this occupation (month and 1934 11. Total time (years) spent in this occupation	
12.	BIRTHPLACE (city or town) Claft (State or country)	Other Contributory Causes of importence:
HER	13. NAME John n. Wheattry	
FATH	14. BIRTHPLACE (city or town) Company (State or country)	Neme of operation
HER	15. MAIDEN NAME Ochich affolts	23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOTE	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Date of Injury, 19
17.	INFORMANT In Burnie Haddenry	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Crupa Man Oate Jan 13, 1937	Mannar of Injury
19.	UNDERTAKER Trans S. Although: (Address)	24. Wes disease or injury In any way related to occupetion of deceased? 200
20.	FILEO Jan 13, 1937 June H. J. Cusielo. Registrar.	(Signed) O. It lacres M. O. (Addrass) Carelinelas lend

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUNG				
contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

112

1. PLACE OF DEATH	
County Dorchester WITHIN CORPORATE	Registration Dist. No. 11
Village or City Cambridge.	No. St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number) s. 28 ds. How long in U.S. If of foreign birth?
	same and the control of the control
2. FULL NAME Ella Wheedleton,	
(a) Residence: No. Cambridge, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female. White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH Jamuary (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of William T. Wheedleton.	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, end year) June II. 1868	1 last sew h
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 230 Cm.
68 7 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-Work, 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and year) 1936 spent in this occupation 11. Total time (years)	Condis Rend Varente
12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.	Other Contributory Causes of importence:
Thomas Mowbray.	
13. NAME Thomas Mowbray, 14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.	Neme of operation. What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME No information. 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT William T. Wheedleton, (Address) Salisburg, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceFederalsburg, Md., Dete. Jan., 20.1., 19.37	Menner of injury
19. UNDERTAKER J. J. Framptom & Son. (Address) Federalsburg, Md.	24. Wes disease or injury In eny way related to occupation of deceased? NO
20. FILED 1-19, 137 John France Ju., Faistrar.	(Signed) Cambrily M. D. (Address) Cambrily M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage, A. A.	July 5,1927	Peritonitis	3 days ago
		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state	STATE OF MARYLAND	CERTIFICATE OF DEATH
st UP	1. PLACE OF DEATH	989
ould stat	County Worshester	Registration Dist. No.
should of	Village or City 6 ast new market	ND. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
nt NS	Length of residence in city or town where death occurred	
PHYSICIANS lcf statement	2. FULL NAME John, H. Mkeler	If U.S. Veteran specify WAR
YSI	(a) Residence: No (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CY.]	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Markies M	21. DATE OF DEATH / 2-7 193 7
A C T lassified	5a. If married, widowed, or divorced HUSBAND of Ont WHEE of	(Month) (Day) (Yedr) 22. I HEREBY CERTIFY, That 1 attended deceased from
C. K.	6. DATE OF BIRTH (month, day, and year) Peny 15 1864	1 1937, to /27 , 1937 19
2 8	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
stated proper ertific	72 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be s be p	8. Trede, profession, or particular kind of work done, as SPINNER, Farm work SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done as SII K MILL	Cardio-Vas Cular As se use
should it may n back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
sh it on	SAW MILL, BANK, etc	
oplied. AGE erms, so that instructions o		Other Contributory Causes of importance:
d. s, se	12. BIRTHPLACE (city or town) (State or country)	
supplied n terms, ee instru	13. NAME John W Keeler	
sul in t	14. BIRTHDLACE (city or town)	Name of operation
efully su in plain ant. See	15. MAIDEN NAME Would know	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
	16. BIRTHPLACE (city or town) 222 2	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
ld be car DEATH y import	(State or country)	Where did injury occur?
PAN	17. INFORMANT Mrs of her Wheelen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
F 9 U/	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
mation s CAUSE TION is	8 mily market	Nature of injury
100	19. UNDERTAKER A Maftan Gluby (Address) 60	24. Was disease or injury in any way related to occupation of deceased?
(1)	20. FILED Filty 19.37 HS Parkenter	(Signed) Thoger Myers M.
	Registrar.	(Address) I do where my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS BY.	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back

TION is very important.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	MARTEARD	—— ()
County Dozcheste	h.	Registration Dist. No. 117
Village or City Drew	a loutside)	No. St. Ward
	ノ(#	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deet	occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dong so	ey willey.	If U. S. Veteran, specify WAR
(a) Residence: No. / 20 / 20	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Vear)
5a. If married, widowed, or divorced HUSBAND of	8	
(or) WIFE of		1937. to 19
6. DATE OF BIRTH (month, day, end year)	4.1937.	(hast saw h alive on Born dead 10 ; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to heve occurred on the dete stated above, atm.
Torra dead -	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Not delermined
9. Industry or business in which work wes done, es SILK MILL.		sullbuilte @ 7/12 months.
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	alive they could
12. BIRTHPLACE (city or town) R2 Wes	ma md	Other Contributory Canses of importance:
(State or country)	0	
13. NAME W. Scutt held	en.	
	ester co.	Neme of operation Date of
(State or country)	L- if	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Killy att	toto	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	rester co,	Accident, suicide, or homicide?
y of least	+1000	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Dutte W-Co (Address)	con warray.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	. 0 . 16	Menner of injury
Place Despose of on pres	Date 5 1937	Nature of injury
19. UNDERTAKER (Letter)	V	24. Was disease or injury in any way related to occupation of deceased?
20. FILED January 5, 1937 Elega		(Signed) M. D.
	Registrar.	(Address) Christmage Maryland
If more blan	iks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEAT	н			(59)
	County Dorch	ester			Registration Dist. No. // Z
	Village or City	enra (2 . 0	ulsided	No. St., Ward
				Alf	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city	or town where	deeth occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2				t/	If U. S. Veteran, specify WAR
	(a) Residence: No	14,2, V	Lenna Mo		St., Ward.
			(Usual place		If nonresident give city or town and State
	PERSONAL AND		1		MEDICAL CERTIFICATE OF DEATH
3, 3	SEX 4. COLOR	OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH
	M Whit		Sincl	е	(Month) (Dey) (Yeer)
5a.	If married, widowed, or divorce HUSBAND of	ed			22. I HEREBY CERTIFY, That I ettended deceased from
	(or) WIFE of				Tan. 4 ,1937 to Jan. 6 ,1937
6. 1	DATE OF BIRTH (month, dey,	and yeer)	an. 4,	1937	I last saw h_im_ alive on dan, 6, 1977; deeth is seld
	AGE Years	Months	Deys	If LESS then	to heve occurred on the dete steted above, atm.
	V	V	0	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
7	8. Trede, profession, or per	ticuler	,		Date of onset
OCCUPATION	kind of work done, e SAWYER, BDOKKEEP	ER, etc.	, 		0 1937
PAT	9. Industry or business in work was done, as SI	which LK MILL.			
CO	work wes done, es SI SAW MILL, BANK, et		1 11 Table	· · · · · · · · · · · · · · · · · · ·	
ő	1D. Dete deceesed last work this occupation (months)	th and V	spe	ime (yeers) nt in this upetion	
	year)				Other Cantributory Canees of importance:
12. BIRTHPLACE (city or town) 12. Vienna, Ma					Premalure orm Jen 4.
02	(Stete or country)	11 11 27 2			L. V.9.3. J
FATHER	13. NAME Sco	tt	LOT	×	
FAT	14. BIRTHPLACE (city or tow	m) Dorci	nester (0.	Name of operation Dete of
-	(Stete or country)	STTI	ang.		Whet test confirmed diegnosis? Was there an autopsy?
HE	15. MAIDEN NAME	Li Ati	rins	~	23. If deeth wes due to externel ceuses (VIDL ENCE) fill In elso the following:
MOTHER	16. BIRTHPLACE (city or tow	/u)i©.5:0	choster.	10.	Accident, suicide, or homicide?Dete of injury, 19
	(Stete or country)	ar	Land		Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT		ller		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Vegna M					
18. BURIAL, CREMATION, OR REMOVAL remises. Jan. 15, 197			ises. Jar	1.15,1957	Menner of injury
-			VOIV	, 13	Nature of injury
19. UNDERTAKER Lather.					24. Wes disease or injury in any wey related to occupetion of deceesed?
-	(Address)		01.0	71 11	If so, specify A Tachage And A
20.	FILED Jan 13, 19	87. Mus		Weeps	(Signéd) M. D.
		76		elegistrar.	(Address) amendal, mayare
		ij more	viants are necata,	uuures state Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 5 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritts	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	em of infor-	should state	f OCCUPA-	
	VT RECORD. Every it.	LY. PHYSICIANS s	. Exact statement of	
COL DIADIAG	IS A PERMANEN	stated EXACTI	roperly classified.	ertificate.
MIGHT TRESERVED FOR DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY, WI	mation should be careful	CAUSE OF DEATH in p	TION is very important.

N. B.—WRITE PLAIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County Box chester	Registration Dist. No. 110
Village or City D'eder or Is Prung Ust-side	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Para William	Mora If U. S. Veteran, specify WAR
(a) Residence: No. D'e derals Prura Vid. R. m.)	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dev. end year) Que \" \937	I lest saw h elive on, 19; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 6-15-P-m.
Still-born - I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Date of offset
SAWYER, BOOKKEEPER, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc	T- W
0 10. Date deceased last worked at 11. Total time (years)	
O this occupation (month end spent in this occupation ccupation	
12. BIRTHPLACE (city or town) Dor chester Co. (State or country)	Other Contributory Causes of Importance:
13. NAME W. Lacy Williamson.	
13. NAME W. Sacre Williamson. 14. BIRTHPLACE (city or town) Caroline Co.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Syrving Audrews 16. BIRTHPLACE (city or town) Caroline Co.	23. If death was due to externel causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT W. Facy Williamson (Address) Seder all Para And R. F. B	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place D'e der als Purg Med Dete gran 2 nd, 1937	Neture of injury
19. UNDERTAKER Q. Q. D'valution à Sou	24. Was disease or injury in any way related to occupation of deceesed?
(Address) O Frederick Pring hid	If so, specify
20. FILED Jan 2, 19,9 7 Char W Atestrugo	(Signed) M. D.
Registrar.	(Address) feether

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. Village or City Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of rasidance in city or town where death occurred How long in U.S. if of foreign birth?_ PHYSICIAN If U. S. Veteran, specify WAR (a) Residence: No. sual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word) classified. BINDING 5a. If marriad, widowed, or divorced HUSBAND of CERTIFY, That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yaars If LESS than Months Days to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH end retated causes of importance 8. Trede, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... ınay plnods 10. Date decaased last worked at 11. Total tima (years) this occupation (month and spant In this that occupation Othar Contributory Causes of importance 12. BIRTHPLACE (city or town) (Stata or country) terms, HER 13. NAME See FAT Nama of operation.... 14. BIRTHPLACE (city or town) plain efully (State or country) What tast confirmed diagnosis? MOTHER 15. MATDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANCE plnods OF (Address 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury AUSE LION Nature of Injury. 24. Was diseasa or injury-in 19. UNDERTAKER (Address) If so, spacify (Signed) Regist Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

Date of onset

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L BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		
County Darchester	Registration Dist. No. 119	
Village or City Lodderice me	NoSt.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and num	
2. FULL NAME	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and St.	atc
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Note of DIVORCED (notice the word)	21. DATE OF DEATH (Month) (Day)	93. / (fear)
5a. If married, widowed, or divorcad HUSBANO ot (or) WIFE of Core WIFE	22. I HEREBY CERTIFY. That I attended dec. 1936., to 1937.; of to have occurred on the date stated above, at 1937.; of the PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	., 19.3.7.
12. BIRTHPLACE (city or town) (State or country)	Vareligies agitains	1736
	Name of operation Date of	
14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Date 1/23 , 193	Manner of injury	
19. UNDERTAKER Grangelle & Lecompte (Address) andré de la Cerompte 20. FILEO de 22 1937 Milson D'interest	24. Wes disease or injury in any way related to occupation of deceased?	M. D.
Registrar.	(Address) bearing les	

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A STATE OF W. S.	_ 1,1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year